THE Art OF ACCOMPLISHMENT

DIABETIC FOOT CARE: THE UNMET CHALLENGE IN DIABETIC CARE IN SOUTH AFRICAN HEALTH CARE.

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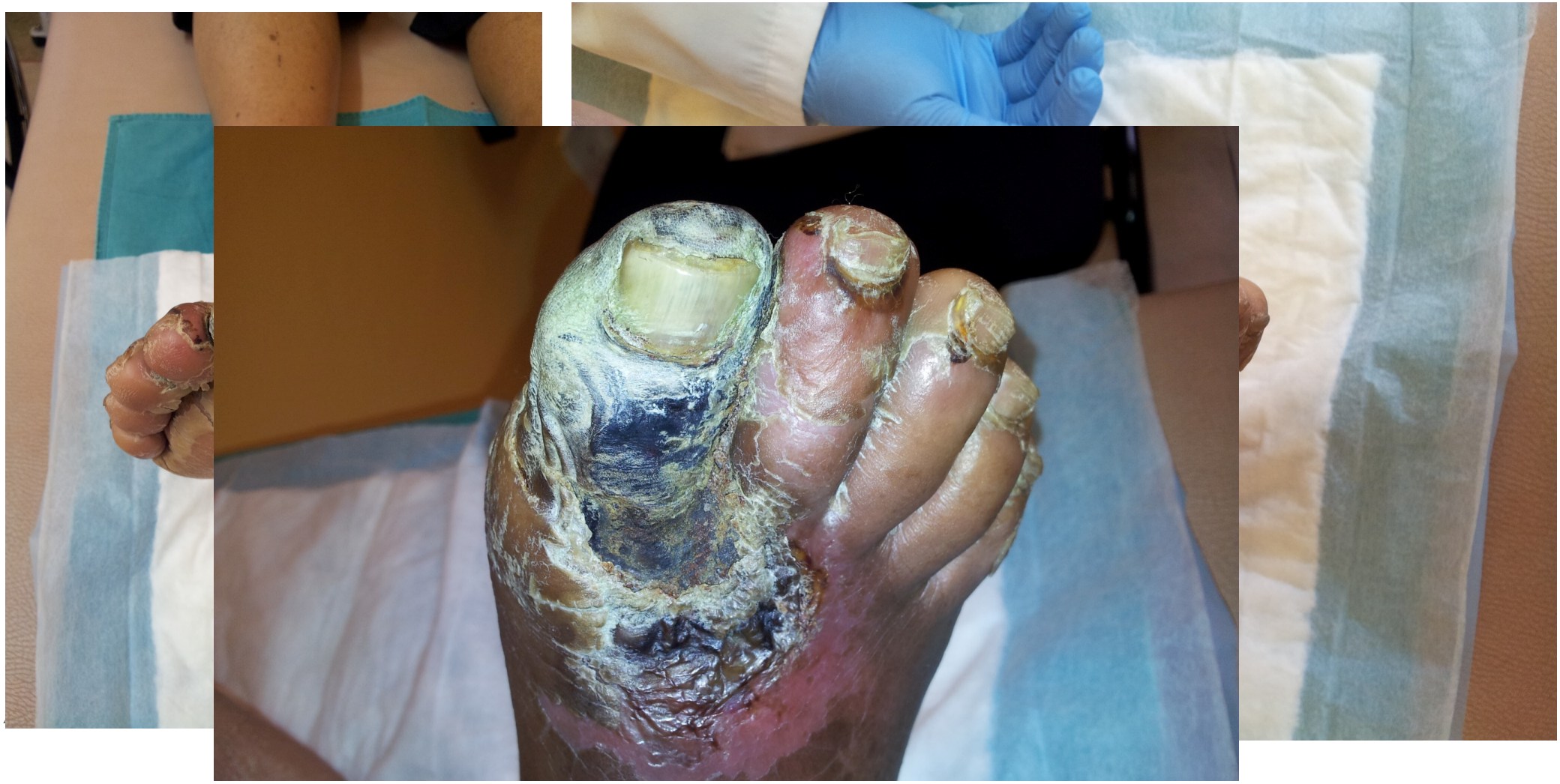
INTRODUCTION

- **Diabetic foot (DF) is a chronic complication of Diabetes which is not accorded the "glamour" status of its more illustrious siblings like coronary heart disease, cerebrovascular disease, nephropathy or retinopathy.**
- **Responsible for a significant proportion of morbidity in DM, causing severe patient distress and frequently permanent disability.**
- **It is sad though that up to 85% of diabetic foot complications can be avoided.**
- **For us as Podiatrists it is necessary to pay special attention to this complication when reviewing, or counselling, patients with diabetes.**
- **DF is one condition which proves the maxim that "prevention is better than cure".**

The Cost Of Poor Diabetic Foot Management



The Facts

- **About 15% of all people with diabetes will develop an ulceration.**
- **Major lower extremity amputations (LEA) in patients with diabetes arise from preceding ulcers in 85% of cases.**
- **Majority (60–80%) of foot ulcers will heal, while 10–15% will remain active, and 5–24% will lead to limb amputation within a period of 6–18months after the first evaluation.**
- **After a first LEA, up to 50% of patients require another amputation within 3–5 years.**
- **The 5-year mortality after LEA is approximately 50%.**

DIABETES IN AFRICA (IDF DIABETES ATLAS, 2014)

- More than 21 million people have diabetes, this figure will almost double by 2035
- 1 in 20 adults have diabetes – the lowest prevalence across regions.
- However, Africa has the highest percentage (62%) of undiagnosed people, who are at a higher risk of developing harmful and costly complications.
- Diabetes caused 481,000 deaths in 2014, 75% of these deaths were in people under the age of 60 – the highest percentage across regions.
- Africa has the lowest diabetes-related expenditure, at only USD 4.5 billion.

DIABETES AT A GLANCE IN SOUTH AFRICA (IDF DIABETES ATLAS, 2013)

- **In SA 2.713 million people have Diabetes (number two in the top 5 African countries).**
- **In 2012/13 the number of people with diabetes in Gauteng was, 1 051 021 and of these patients, 740 118 presented for diabetic follow-up visits at PHCCs around Gauteng (GDoH, 2013).**
- **A study done on 120 patients with diabetes at the outpatient department of Dr Yusuf Dadoo district hospital, found that the majority of patients 67.5% had never had their feet examined (JEMDSA, 2013).**
- **In South Africa it has been reported that diabetes mellitus accounted for 60.2% of the non-traumatic lower extremity amputations in public hospitals in the Cape Town Metropol (Isiave & Levitt, 2006).**

Why Is Diabetes Not A Priority

- South Africa is seeing growing numbers of persons with chronic non-communicable diseases, while, at the same time, experiencing continual high death rates from infectious diseases such as human immunodeficiency virus (HIV)/AIDS, tuberculosis (TB), and malaria.
- The HIV/AIDS pandemic in this region is an unparalleled catastrophe.
- Coupled with the resurgence of TB and the uncharted future trends of malaria and other infectious diseases, it is well recognized that the current health care situation in South Africa presents challenges on a new scale.
- Though the upward trend in diabetes prevalence is clear in Africa and globally; however, predictions for HIV/AIDS, TB, and malaria remain a concern.

Why There Should Be More Emphasis on Diabetic Care

- **In contrast to the developed world, where the majority of the people with diabetes are over the age of 60 years, the South African diabetic population is in the economically productive age group of 30 to 45 years.**
- **The late diagnosis of diabetes in our region, coupled with inequalities in accessing care, leads to early presentations of diabetic complications.**
- **The costs of diabetes about ±US$ 935 (±R12 809) is spent in one person with diabetes in SA, these costs can escalate if patients have DFUs to US$6,664 (±R91 296) and if they have an amputation US$44,790 (±R613 623) .**

What Is Lacking

- **There are limited studies on the economics of diabetic foot care in sub-Saharan Africa.**
- **Adequate data on the direct medical costs of diabetes are also not available for most of the other developing countries.**
- **More data are needed on the economics of diabetes, its impact on quality of life, and the cost-effectiveness of various interventions in sub-Saharan Africa in order to properly integrate diabetic foot care on the national health agenda and into national health policies.**

What Is Lacking: At the patient/community level

- **Economic factors are important obstacles to diabetes care – patients often have to pay for medical care,**
- **Low-levels of self-management practices;**
- **Lack of adherence to medication and suggested lifestyle changes (exercise, healthy diet);**
- **Lack of faith in the biomedical model: African diabetes patients, especially those from rural areas, either rely solely on traditional healers for diabetes care, or use both traditional and medical treatments. In addition, traditional healers who claim that diabetes is curable have been found to be reluctant to refer clients to medical practitioners.**
- **Cultural and traditional beliefs: The perception of obesity as a sign of wealth hinders patients adopting healthy lifestyles.**

What Is Lacking; At the national level (health systems)

- **Lack of organisational structure for chronic disease care;**
- **Scarcity of information about disease burden and management;**
- **Inadequate financing;**
- **Lack of national guidelines and policies for diabetes care;**
- **National diabetes programmes are non-existent;**
- **Few education/training programmes for both patients and staff; and**
- **Lack of follow-up of diabetic patients.**

Where To Focus

- **Primary Health Care, why?**
- **There are currently 392 Primary Health Care Clinics (PHCCs) in Gauteng Province alone about 3450 around SA.**
- **The states primary health care services in South Africa offer essential first contact health care to approximately 80% of the population who have no medical/health insurance (Benatar, 2004).**
- **Primary health care is the foundation of health policies of the South African national government (South Africa, 2003) and is the point of first contact for all new health care needs.**
- **In many areas of South Africa, primary health care facilities may be the only available or accessible form of health care for the majority of the population (Ijumba, 2002)**

Where To Focus

- **The overall headcount of patient visits to PHC facilities in province increased from 22 711 585 in 2011/12 to 23 063 294 in 2012/13', presenting a two million increase on the number of expected visits (Gauteng Provincial Legislature, 2013).**
- **In 2013, 40 470 new diabetes cases were diagnosed in the 2012/13 financial year and as alluded to earlier of the, 1 051 021 diabetics in Gauteng, 740 118 presented for diabetic follow-up visits at PHCCs around Gauteng (GDoH, 2013).**
- **There is no data to indicate how many of these patients presented with foot pathologies or received a foot screening and a risk stratification category.**

The Reason Why Podiatry Services Do Not Feature As Part DoH Plans

- **'…In my budget speech last year I elaborated on 11 different factors that contribute to the deteriorating quality of healthcare. Among these factors was the inability of individuals to take responsibility for their commissions or omissions in the healthcare sector…' Motsoaledi (DoH, 2010).**
- **Have not provided evidence as regard the impact of podiatric interventions in the management of foot and lower limb related complaints.**
- **No studies on the costs effectiveness of podiatry involvement in the prevention of DFUs and other diabetic foot complications versus the cost of DFUs treatments and amputations.**